



CITY OF SHARONVILLE

Income Tax Office

11641 Chester Rd
Sharonville, OH 45246-2803
www.sharonville.org

Phone – (513) 563-1169

FAX – (513) 588-3969

IMPORTANT TAX NOTICE

Electronic Filing Requirement Notice

Dear Employer:

The City of Sharonville's Income Tax Ordinance now requires the payment of withheld taxes by Electronic Funds Transfer, unless the Tax Commissioner grants an exemption from this requirement.

The City of Sharonville Tax Office has implemented an ACH Credit Electronic Filing Program to assist your organization with meeting this requirement. Information is enclosed explaining the new program. An ACH debit program is also available through the Ohio Business Gateway (www.obg.ohio.gov).

BENEFITS TO YOU

- The ACH Electronic Filing Programs are available 24 hours a day, 7 days a week.
- Payments are processed conveniently and accurately via electronic funds transfer.
- The program will reduce paperwork and save postage costs. Once registered for the program, no monthly or quarterly mailings are necessary. Annual reconciliations will still be required.

FOUR STEPS TO IMPLEMENTATION OF THE SHARONVILLE ACH CREDIT PROGRAM

1. Contact your financial institution or withholding agent to ensure they can process ACH credit transactions. Also, be sure to ask them for a copy of the ACH transmission schedule so you will be able to schedule the payment appropriately.
2. Ensure your system or the system of your withholding agent can generate a file according to the file layout specifications outlined in the enclosed information.
3. Complete and return the ACH Credit Authorization form. A withholding agent may register for the employer.
4. Upon receipt of the ACH Credit Authorization form, the necessary account information for withholding tax payments will be mailed to you or to your withholding agent.

We look forward to working with you to set up this beneficial new program for your company. The Sharonville Tax Office is available to assist you with any questions or concerns. Please contact Martha Cross Funk at 513-563-1169 ext. 131.

Sincerely,

Martha Cross Funk

Martha Cross Funk
Tax Commissioner

IMPORTANT SHARONVILLE WITHHOLDING TAX INFORMATION

- All withholding is to be paid on a **monthly** basis. The Tax Commissioner may authorize quarterly payments if the monthly payments average less than \$300.00 per month.
- Each employer or the employer's agent must pay the tax withheld **on or before the fifteenth** day of each month following the reporting period.
- Payments of taxes withheld must be deposited electronically, unless the Tax Commissioner grants an exemption from this requirement.
- On or before **February 28th** of each year, each employer or the employer's agent must submit the reconciliation Form W-3 for the previous year plus copies of the employees' Form W-2 or an equivalent listing providing the Form W-2 information.

Reminder:

- The employer or the employer's agent is required to withhold only on "qualifying wages" as defined in Internal Revenue Code Section 3121(a), generally the Medicare wage in box 5 of Form W-2.
 1. Medicare Exempt Employees are subject to the requirements for "qualifying wages" in box 5 of Form W-2 even though that box will remain blank.
 2. Cafeteria Plans (IRC Section 125) are not included in the definition of Medicare wages.
 3. 401(k), 457, & Supplemental Unemployment Compensation Benefits should be included in Box 5 and are subject to withholding requirements.
 4. Nonqualified Deferred Compensation Plan income is included in the definition of "qualifying wages" at the time the income is deferred and is subject to withholding requirements.
 5. Stock Option income is included in the definition of "qualifying wages" and is subject to withholding requirements.
 6. The tax on a disqualifying disposition of Incentive Stock Option income is not required to be withheld, but it is considered "qualifying wages" and the recipient is liable for the tax. The employer may withhold the tax as a courtesy to the employee.

ACH CREDIT ELECTRONIC FILING PROGRAM

Authorization Form for Electronic Funds Transfer

TAXPAYER INFORMATION

Taxpayer Account Name: _____

Tax Account Number: _____

Federal Tax ID Number: _____

Name of Financial Institution You Will Be Using for ACH Transaction:

TAXPAYER CONTACT INFORMATION

Primary Contact Person: _____

Address: _____

Phone Number: _____ FAX Number: _____

E-mail: _____

AUTHORIZATION STATEMENT / OBG / EXEMPTION REQUEST

I hereby authorize the contact person listed on this form and the financial institution(s) involved in processing of my payments to receive confidential information necessary to effect electronic payment of withholding taxes, answer inquiries, and resolve issues related to enrollment and payments. If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force until the City of Sharonville Tax Office has received written notification from me of termination in such time as to afford a reasonable opportunity to act upon it.

Payments will be made through the Ohio Business Gateway.

Consideration for exemption at this time from the ACH filing requirement is requested due to the following reason(s): _____

Taxpayer Signature

Date

Printed Name

Title

Please mail the completed registration form to:

**City of Sharonville Income Tax Office
ACH Credit Electronic Filing Program
11641 Chester Road
Sharonville, OH 45246-2803**